

RECEIVED

JUL 13 2021

ZB 2021/07

DATE OF SUBMISSION: \_\_\_\_\_  
X ZONING BOARD \_\_\_\_\_ PLANNING BOARDRECEIVED BY: K. Federico  
APPLICATION NO. \_\_\_\_\_TOWNSHIP OF FLORENCE  
LAND DEVELOPMENT APPLICATION

If you are not familiar with the Florence Township Ordinance requirements please ask to see a member of the Planning/Zoning Staff prior to filling out the application.

## A. BASIC INFORMATION

1. APPLICANT NAME: Kristin Hunt 2. OWNER NAME: David & Kristin Hunt  
STREET ADDRESS: 400 Szypulski Ln STREET ADDRESS: 400 Szypulski Ln  
CITY: Florence STATE: NJ ZIP: 08518 CITY: Florence STATE: NJ ZIP: 08518  
TELEPHONE: 609-784-5099 TELEPHONE: 609-784-5099

3. If applicant is not owner, set forth in detail the nature and source of the legal beneficial right by which you can claim to submit this application.

4. TYPE OF APPLICATION: (check as many items as applicable)  
Starred (\*) application require a public hearing with notice and legal advertisement.

<input type="checkbox"/> Minor subdivision	<input type="checkbox"/> Major Site Plan – Final	<input type="checkbox"/> Interpret zoning map or ordinance
<input type="checkbox"/> Major Sub-Prel*	<input type="checkbox"/> Conditional Use*	<input checked="" type="checkbox"/> Bulk variances*
<input type="checkbox"/> Major Sub-Final		<input checked="" type="checkbox"/> Use variances*
<input type="checkbox"/> Minor Site Plan*		<input type="checkbox"/> Informal Review
<input type="checkbox"/> Major Site Plan-Prel.*	<input type="checkbox"/> Appeal of decision of an Administrative Officer	<input type="checkbox"/> Other

NOTE: If a variance is requested in conjunction with this application the exact nature of the variance must be indicated on the application Form – SEE No. 15.

## 5. LIST OF INDIVIDUALS WHO PREPARED PLANS:

ARCHITECT

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

SITE PLANNER

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

ENGINEER

NAME: Harris Survey Inc  
STREET: 210 Main St  
CITY: Robbinsville STATE: NJ ZIP: 08691  
TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

ATTORNEY

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

## SITE INFORMATION

## 6. LOCATION OF PROPERTY

STREET ADDRESS 400 Szypulski Lane  
BLOCK NO. 156.07 LOT NO: 6

7. TYPE OF ROAD FRONTAGE:      Rt. 130      Collector ☒ Secondary Local Road  
     Arterial      Primary Local Road
8. ZONE DISTRICTS: (Circle one)

R Residential  
RA Residential AGR Agricultural GM General Manufacturing  
 RB Residential HC Highway Commercial SM Special Manufacturing  
 RC Residential NC Neighborhood Commercial P Park  
 OP Office Park H Historic

9. DESCRIPTION OF PROPOSED USE

Present Use Residential  
 Proposed Use Residential  
 Number of Lots 1

Lot Size	Frontages	Square Feet	Acres
Required			
Existing		<u>13,314</u>	<u>0.31</u>
Proposed		<u>3,651</u>	<u>0.08</u>

Primary Building Setback Requirements

	Front	One Side	Second Side	Rear
Required				
Existing	<u>25</u>	<u>15</u>	<u>25</u>	<u>35</u>
Proposed				

Accessory building setback requirements (if applicable)

	Side	Rear	No. of Parking Spaces & Loading	Off Street	Loading
Required					
Existing	<u>10</u>	<u>10</u>			
Proposed	<u>23' / 100'</u>	<u>10A</u>			

Percent of Impervious Coverage

	Allowed
Existing	<u>21.6%</u>
Proposed	<u>27.3%</u>

Gross Floor Area

	Height
Existing	<u>2881 sf</u>
Proposed	

10. UTILITIES

Public Water

Yes	No	Will this proposal require new water supply?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there an existing municipal water connection?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Can an existing connection service this proposal?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are additional connections required?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the municipal water supply available?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has application been made for municipal sewer conn.?
<input type="checkbox"/>	<input type="checkbox"/>	Date _____ No. of Connections _____

Well

Yes	No	Is there an existing well?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Can the existing system service this proposal?
<input type="checkbox"/>	<input type="checkbox"/>	Is a new well proposed?
<input type="checkbox"/>	<input type="checkbox"/>	Has application been made?
<input type="checkbox"/>	<input type="checkbox"/>	Has application been approved or denied?
<input type="checkbox"/>	<input type="checkbox"/>	Date _____

Municipal Sewer

Yes	No	Will the proposal require new sewerage lines?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there an existing Municipal sewer connection?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Can the existing connection service the proposal?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are additional sewer connections required?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is sewer capacity available?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has application been made for municipal sewer conn.?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has application been approved or denied?

On Site Sewerage Treatment

Yes	No	Is there an existing septic system?
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Can the existing system service this proposal?
<input type="checkbox"/>	<input type="checkbox"/>	Is a new system proposed?
<input type="checkbox"/>	<input type="checkbox"/>	Type _____ conventional septic
<input type="checkbox"/>	<input type="checkbox"/>	_____ alternative sewer
<input type="checkbox"/>	<input type="checkbox"/>	_____ waterless covert w/gray water

Gas      Natural Gas ☒ Existing  
     Proposed

Propane      Existing  
     Proposed

Electric      Existing  
     Proposed

     Above Ground  
     Below Ground

11. OTHER APPROVALS REQUIRED AND DATE PLANS SUBMITTED

	YES	NO	MONTH/DAY/YEAR
1. New Jersey Dept. of Environmental Protection		<input checked="" type="checkbox"/>	
2. Burlington County Soil Conservation District		<input checked="" type="checkbox"/>	
3. Burlington County Planning Board		<input checked="" type="checkbox"/>	
4. N.J. Department of Transportation		<input checked="" type="checkbox"/>	
5. _____			

SUBMISSION DATA

12. LIST OF MAPS, REPORTS AND OTHER MATERIALS ACCOMPANYING APPLICATION  
(attach supplemental sheet if necessary)

QUANTITY	DESCRIPTION OF ITEMS	MONTH/DAY/YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. SUPPLEMENTAL ITEMS (COMPLETE AS NECESSARY)

PREVIOUS APPLICATIONS OR ACTIVITY:

\_\_\_NO \_\_\_YES IF YES \_\_\_\_\_  
MONTH/DAY/YEAR

TYPE OF ACTION \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

14. DEED RESTRICTIONS OR COVENANTS AFFECTING THIS APPLICATION: ☐ YES (attach copy if yes)  
☒ NO

15. ARGUMENTS FOR VARIANCE: (attach sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. WAIVERS OF DEVELOPMENT STANDARDS AND/OR SUBMISSION REQUIREMENTS: (attach sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. EXPERT WITNESSES FOR APPLICANT: (when applicable)

NAME	TYPE OF TESTIMONY
_____	_____
_____	_____
_____	_____



18. AFFIDAVIT OF APPLICANT:

State of New Jersey

County of Burlington:SS

Kristin E. Hunt of full age, being duly sworn according to law, on oath deposes and says, that all of the above statements and the papers submitted herewith are true.

Kristin E. Hunt  
Applicant to Sign Here

Sworn and subscribed before me

this 13 day of July, 2021

AMH

ANNE-MARIE L. HELLMANN  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 5/20/2024

19. AFFIDAVIT OF OWNERSHIP:

State of New Jersey

County of Burlington:SS

Kristin E. Hunt of full age, being duly sworn according to law, on oath deposes and says, that Kristin E. Hunt the deponent resides at 400 Sycamore Ln in the Twp of Florence in the County of Burlington and in the State of NC that Kristin E. Hunt is the owner of all that certain lot, piece of land situated, lying and being in the municipality aforesaid, and known and designated as number Block 15 Lot 6

Kristin E. Hunt  
Owner to Sign Here

Sworn and subscribed before me

this 13 day of July, 2021

AMH

ANNE-MARIE L. HELLMANN  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 5/20/2024

20. AUTHORIZATION BY OWNER: (If anyone other than above owner is making this application, the following authorization must be executed.)

To the Approving Board of the Township of Florence:

Kristin E. Hunt is hereby authorized to make the within application.

Dated \_\_\_\_\_

Owner to Sign Here

CERTIFICATION

Date \_\_\_\_\_

I, \_\_\_\_\_, an authorized representative of which is a corporation, or partnership, applying to the Planning Board or Zoning Board of Adjustment of the Township of Florence for permission to subdivide a parcel of land into six (6) or more lots, or applying for a variance to construct a multiple dwelling of twenty-five (25) or more family units, or for the approval of a site to be used for commercial purposes, do hereby disclose, pursuant to the requirements of NJSA40:55D-48.1. The name and address of all stockholders or individual partners owning at least 10% of the interest in the partnership which are hereby listed as follows:

Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any of the above owners is a corporation or partnership, the applicant is required to disclose the name and address of each individual holding a 10% interest, or greater, in the named corporation or partnership which shall be divulged in the same format as the above pursuant to NJSA 40:55D-48.2)

\_\_\_\_\_  
Title

# TOWNSHIP OF FLORENCE

## VARIANCE APPLICATIONS

### CHECKLIST OF SUBMISSION REQUIREMENTS

<b>TO BE FILLED OUT BY APPLICANT:</b>	
Name of Applicant:	<u>Kristin &amp; David Hunt</u>
Location of Subject Property:	
Street Address:	<u>400 Szyplowski Ln</u>
Block:	<u>156.07</u>
Lot:	<u>6</u>
Date Submitted to Florence Land Use Office:	<u>7/13/21</u>

<b>RECEIVED</b>			
<b>FOR OFFICIAL USE ONLY:</b>			
Date Received at Florence Land Use Office:		<u>JUL 13 2021</u>	By: <u>K. Tedenco</u>
Completeness Review By (required by both):		<u>ZB 2021/07</u>	
Complete	Incomplete	Reviewed by	Signature
		Board Engineer	
		Board Attorney	
(If incomplete indicate the missing items on this form and return it to the applicant)			
Date Returned to Applicant:		By:	

### INSTRUCTIONS

You should first obtain the "GENERAL INSTRUCTIONS FOR APPLICATIONS", from the Land Use Office. Read it carefully for a detailed explanation of the application process. Be sure that you have the correct checklist before you begin compiling your application. This checklist relates to steps 1 and 2 in the process (as described in the General Instructions) and can be used only for **variance applications**. It is your responsibility, as an applicant, to provide a complete "picture" of your application. Only after you have provided the information listed below can your application be certified as "complete" and submitted to the Planning Board or Zoning Board for their review. In some cases (indicated below), specific checklist items may be requested to be waived by checking the appropriate box under "waiver requested". Be sure that you address each of the items listed in this checklist in your application submission. Failure to do so will result in it being classified "incomplete". An "incomplete" application has no legal status.

### **SUBMISSION OF MATERIALS to the LAND USE OFFICE**

At the time of the original submission of your application to the Florence Land Use Office, your application must be in 14 complete sets (original and 13 copies). All maps must be folded and a complete set must be sent directly to the Board's professional staff (addresses can be obtained from the Land Use Office). As noted below, the application fee is a non-waivable submission item. However, because the application fee is non-refundable, you are not required to submit the application fee until after your application is certified "complete" (and scheduled on the Board's meeting agenda).

#### **Non-waivable Submission Items**

The following items must accompany all applications at the time of the original submission. They cannot be waived. Please check the appropriate box when provided:

Provided	
<input checked="" type="checkbox"/>	Completed and signed checklist together with written justification of waiver requests, if any. Original and thirteen (13) copies.
<input checked="" type="checkbox"/>	Application Form. Original and thirteen (13) copies, completed and notarized.
<input checked="" type="checkbox"/>	Escrow fee along with the completed escrow agreement (consult with the Land Use Office for the amount and to obtain agreement form).
<input checked="" type="checkbox"/>	Certification by the Township Tax Collector that all taxes on the subject property are paid to date. Original and thirteen (13) copies.
<input type="checkbox"/>	If the property is under agreement, either a copy of the agreement or a letter from the owner granting permission to seek application approval.

PLEASE NOTE: The application fee is also a non-waivable submission item; but because it is non-refundable, you may submit it after your application is certified as "complete" and scheduled on a Board meeting agenda.

#### **Submission Items**

The following items are required by ordinance to be submitted with all variance applications. You may request that a specific item be waived by marking the appropriate "waiver requested" box and providing written justification for the request. A determination on any waiver request will be made based upon the written justification that must accompany any waiver request. Waivers will be granted only for good and sufficient reason and the request to waive a major item will substantially delay the process. Please check the appropriate boxes:

Provided	Waiver Requested	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Survey of the property by a licensed New Jersey land surveyor showing boundaries and all existing structures. Original and thirteen (13) copies.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A sketch plan outlining the location, nature and extent of any variances(s) requested. Original and thirteen (13) copies.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A complete "Request for Certified List of Property Owners" form (obtain from Land Use Office).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A certificate from the Zoning Officer setting forth the reasons for the denial of the zoning permit. If you have retained an attorney or planner, they may provide the written description of the needed variance(s).



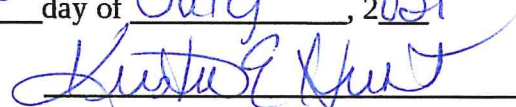
**"d" ("USE") VARIANCE (under C40:55D-70d) SUBMISSION REQUIREMENTS**

If your application is for or includes a "d" (use) variance the following information must be provided in addition to the submission items listed above:

Provided	Waiver Requested	
		A written statement describing and providing legal justification for the exact proposed use requested. Original and thirteen (13) copies

**APPLICANT'S CERTIFICATION**

The undersigned (applicant) hereby acknowledges that the information contained herein is true and complete to the best of his/her knowledge.

Date: This 13<sup>th</sup> day of July, 2021  




ANNE-MARIE L. HELLMANN  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 5/20/2024

**TOWNSHIP OF FLORENCE  
OFFICE OF THE PLANNING AND ZONING BOARDS**

**TAX COLLECTOR'S CERTIFICATION**

RECEIVED

JUL 13 2021

ZB 2021/07

Applicant's Name, Address and Telephone Number: Kristin Hunt  
400 Szyplski lane  
609-784-5099

Block/s: 156.07 Lot/s: 6

Street Address: 400 Szyplski lane

Property Owner's Name, Address and Telephone Number **IF DIFFERENT FROM APPLICANT:**

I HEREBY CERTIFY THAT:

( ) There is due to the Township of Florence, on the above property, the following amounts:

Taxes: \$           

Assessments: \$           

Water and/or Sewer Charges: \$           

TOTAL: \$           

(X) ALL Taxes, Assessments and Water and/or Sewer Charges on the above property are paid in full.

Christine M. Swiderski

Christine, M. Swiderski, Tax Collector

Date: July 6, 2021

**PLEASE NOTE:** This document must be completed by the Tax Office BEFORE it is submitted with the application package.





# TOWNSHIP OF FLORENCE

711 BROAD STREET • FLORENCE, NEW JERSEY 08518-2323

PHONE: (609) 499-2525 • WWW.FLORENCE-NJ.GOV

RECEIVED

JUL 13 2021

ZB 2021/07

June 16, 2021

Dave Hunt  
400 Szypulski Lane  
Florence NJ 08518

Dear Dave,

I have reviewed your zoning application for a swimming pool and concrete surround and denied it based upon the information submitted. The RA zone allows 20% impervious coverage for the principal structure and another 5% for any accessory structure. Your impervious calculation comes to 27.3%. In order for your impervious coverage to be at this percentage you will need to apply for a zoning variance.

The Land Use applications are available online on the Florence Township website. If you have any questions regarding this process, you can contact the Land Use Secretary, Karen Federico at 609-499-2525.

If you have any questions contact me directly at 609-499-2525.

Sincerely,

Theodore Lovenduski  
Administrative Assistant / Zoning Officer

## FLORENCE TOWNSHIP

### ZONING OFFICER'S CERTIFICATION

  X   ZONING BOARD OF ADJUSTMENT           PLANNING BOARD

Applicant's Name, Address and Telephone Number:

Kristin Hunt, 400 Szypulski Lane, Florence, NJ 08518

609-784-5099

Location of Property:

400 Szypulski Lane, Florence, NJ 08518

Zoning Classification:

RA – Low Density Residential Zoning District

Block/s: 156.07 Lot/s: 6

Type of Variance/s Required:

Hardship        Bulk   X   Use       

Site Plan Required:

Yes        No   X  

Site Plan Waiver Requested:

Yes        No   X  

Relief is being sought from Section Numbers: 91-189(4) and any and all other  
sections as the board may require of the Code of the Township of Florence Land Use  
Chapter 91 to install a 16' x 35' inground pool with 3' concrete walk around in the rear  
of the property, which will then exceed the allowed 25% maximum lot coverage.

**PLEASE NOTE:** A COMPLETE APPLICATION MUST SPECIFICALLY REQUEST EACH AND EVERY VARIANCE INVOLVED IN THE PROPOSED DEVELOPMENT. IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO LEARN WHAT ASPECTS OF THE PROPOSED DEVELOPMENT REQUIRES VARIANCES. RELIANCE ON COMMENTS CONTAINED IN THIS FORM WILL NOT BIND THE FLORENCE TOWNSHIP ZONING BOARD OF ADJUSTMENT/PLANNING BOARD AND WILL NOT EXCUSE THE APPLICANT FROM STRICT COMPLIANCE WITH THE PROVISIONS OF THE FLORENCE TOWNSHIP ZONING ORDINANCE AND THE LAND USE ACT OF THE STATE OF NEW JERSEY.



THEODORE LOVENDUSKI

Zoning Officer

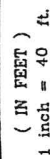


DATE

**PLEASE NOTE:** THIS FORM IS PART OF YOUR APPLICATION AND THE REQUIRED NUMBER OF COPIES *MUST BE SUBMITTED* AT THE TIME YOUR COMPLETED APPLICATION IS PRESENTED TO THE BOARD CLERK.



**BLOCK 156.07, LOT 6**  
ESTATES AT OAK MILL, FILED IN THE  
BURLINGTON COUNTY CLERK'S OFFICE



**COPYRIGHT - 2010 CARROLL ENGINEERING, LLC - ALL RIGHTS RESERVED**

**NOTES:**

- 1) BEARINGS ARE BASED ON REFERENCED FILED MAP
- 2) BASIS OF ELEVATIONS: N/A
- 3) ONLY ABOVE GROUND, VISIBLE AND PERMANENT IMPROVEMENTS ARE SHOWN UNLESS OTHERWISE NOTED.
- 4) SUBJECT TO EASEMENTS OF RECORD
- 5) SURVEYORS CERTIFICATION DOES NOT APPLY TO MATTERS OF TITLE, ZONING, OR FREEDOM OF ENCUMBRANCES, AND IS NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A NEW JERSEY LICENSED SURVEYOR.
- 6) NO EFFORT WAS MADE TO PROVE PLAT BOUNDARIES.
- 7) NO OTHER PERSONS OR ENTITIES, OTHER THAN SHOWN MAY RELY ON THIS SURVEY.
- 8) SURVEY PREPARED FOR PULTE HOMES.
- 9) PROPERTY LINE TIES ARE MEASURED FROM FOUNDATION WALLS.
- 10) UNLESS OTHERWISE NOTED, PLAT AND MEASURED DISTANCES ARE THE SAME.
- 11) LOT AREA = 13,364 S.F.

DATE OF SURVEY: MARCH 12, 2012

CERTIFICATION: DAVID AND ADRIENNE HUNT  
PGP TITLE COMPANY  
FIRST AMERICAN TITLE INSURANCE COMPANY

# SURVEY CERTIFICATION

ESTATES AT OAK MILL  
BLOCK 156,07 LOT 6 (PULTE LOT 00607)  
400 SZYPULSKI LANE  
SITUATED IN  
FLORENCE TOWNSHIP  
BURLINGTON COUNTY, NEW JERSEY  
PREPARED FOR  
PULTE HOMES  
1100 NORTHBROOK DRIVE  
TREVOSE, PA 19053

**CONCRETE TODAY**  
341 Ruffalo Road  
Wernersville, PA 19790  
Phone 215-434-1500  
Fax 215-434-0873

**CONCRETE TODAY**  
105 Raster Boulevard, Suite 200  
Chicagolex, PA 19425  
Phone 610-467-2500  
Fax 610-467-2571

**CONCRETE TODAY**  
Highborough, NJ 08844  
Phone 908-874-7500  
Fax 908-874-7512

**CONCRETE TODAY**  
585 Second Avenue, Suite C (1)  
Chicagolex, PA 19425  
Phone 610-467-2500  
Fax 610-467-2571

**CONCRETE TODAY**  
www.concretelineering.com

Certificate of Authorization: 240424/1254720

DSG BY	DATE	03-28-12	DRAWER NUMBER	
DWN BY	B.P.H.	JOB NO 10-1432	FILE	
CKD BY	S.R.M.	SCALE 1"=40'	CADD FILE	1014320002
			SHEET	1 OF 1 SHEETS

**THOMAS A. WATKINS**  
NEW JERSEY PROFESSIONAL LAND SURVEYOR  
LICENSE NO. 24GS03761100